| STATE OF UTAH  DEPARTMENT OF NATURAL RESOURCES  DIVISION OF OIL, GAS AND MINING                      |   |   |   |   |                                 | FORM 3  AMENDED REPORT  |        |          |  |
|--|---|---|---|---|---------------------------------|---|--------|----------|--|
| APPLICATION FOR PERMIT TO DRILL  |   |   |   |   |                                 | 1. WELL NAME and NUMBER  NBU 1022-704AS                       |        |          |  |
| 2. TYPE OF WORK  DRILL NEW WELL REENTER P&A WELL DEEPEN WELL   |   |   |   | 3. FIELD OR WILDCAT NATURAL BUTTES                |                                 |   |        |          |  |
| 4. TYPE OF WELL  Gas Well Coalbed Methane Well: NO   |   |   |   |   |                                 | 5. UNIT or COMMUNITIZATION AGREEMENT NAME NATURAL BUTTES      |        |          |  |
| 6. NAME OF OPERATOR  KERR-MCGEE OIL & GAS ONSHORE, L.P.  |   |   |   |   | 7. OPERATOR PHONE 720 929-6587  |   |        |          |  |
| 8. ADDRESS OF OPERATOR P.O. Box 173779, Denver, CO, 80217  |   |   |   |   |                                 | 9. OPERATOR E-MAIL<br>mary.mondragon@anadarko.com             |        |          |  |
| 10. MINERAL LEASE NUMBER 11. MINERAL OWNERSHIP   |   |   |   | 12. SURFACE OWNERSHIP                             |                                 |   |        |          |  |
| (FEDERAL, INDIAN, OR STATE) UTU 0466   | FEDERAL INDIAN STATE FEE                |   |   |   | FEDERAL INDIAN STATE FEE        |   |        |          |  |
| 13. NAME OF SURFACE OWNER (if box 12 = 'fee')  |   |   |   |   |                                 | 14. SURFACE OWNER PHONE (if box 12 = 'fee')                   |        |          |  |
| 15. ADDRESS OF SURFACE OWNER (if box 12 = 'fee')   |   |   |   |   |                                 | 16. SURFACE OWNER E-MAIL (if box 12 = 'fee')                  |        |          |  |
| 17. INDIAN ALLOTTEE OR TRIBE NAME  |   | 18. INTEND TO COMMINGLE PRODUCTION FROM MULTIPLE FORMATIONS |   |   |                                 | 19. SLANT   |        |          |  |
| (if box 12 = 'INDIAN')   | YES (Submit Commingling Application) NO |   |   | № 💮   | VERTICAL DIRECTIONAL HORIZONTAL |   |        |          |  |
| 20. LOCATION OF WELL   | FO                                      | OTAGES  | QTR-QTR   | s   | ECTION                          | TOWNSHIP  | RANGE  | MERIDIAN |  |
| LOCATION AT SURFACE 81 FSL   |   | L 1902 FEL  | SWSE  |   | 7                               | 10.0 S  | 22.0 E | S        |  |
| <b>Top of Uppermost Producing Zone</b> 550 FS  |   | SL 1560 FEL   | SWSE  | 7   |                                 | 10.0 S  | 22.0 E | S        |  |
| At Total Depth 550 FS  |   | SL 1560 FEL   | SWSE  | SWSE  |                                 | 10.0 S  | 22.0 E | S        |  |
| 21. COUNTY UINTAH  22. DISTANCE TO NEARES 5  |   |   | EAREST LEASE LIN  |   |                                 |   |        |          |  |
|  |   |   | STANCE TO NEAREST WELL IN SAME POOL<br>ed For Drilling or Completed)<br>335 |   |                                 | <b>26. PROPOSED DEPTH</b> MD: 9279 TVD: 9200                  |        |          |  |
| 27. ELEVATION - GROUND LEVEL   |   | 28. BOND NUMBER   |   |   |                                 | 29. SOURCE OF DRILLING WATER /                                |        |          |  |
| 5335   |   | WYB000291   |   |   |                                 | WATER RIGHTS APPROVAL NUMBER IF APPLICABLE<br>Permit #43-8496 |        |          |  |
| ATTACHMENTS  |   |   |   |   |                                 |   |        |          |  |
| VERIFY THE FOLLOWING ARE ATTACHED IN ACCORDANCE WITH THE UTAH OIL AND GAS CONSERVATION GENERAL RULES |   |   |   |   |                                 |   |        |          |  |
| WELL PLAT OR MAP PREPARED BY LICENSED SURVEYOR OR ENGINEER   |   |   |   | COMPLETE DRILLING PLAN                            |                                 |   |        |          |  |
| AFFIDAVIT OF STATUS OF SURFACE OWNER AGREEMENT (IF FEE SURFACE)                                      |   |   |   | FORM 5. IF OPERATOR IS OTHER THAN THE LEASE OWNER |                                 |   |        |          |  |
| DRILLED)   |   |   |   |   | APHICAL MAP                     |   |        |          |  |
| NAME Danielle Piernot TITLE Regulatory Analyst   |   |   | :   | <b>PHONE</b> 720 929-6156                         |                                 |   |        |          |  |
| SIGNATURE         DATE 08/14/2009  |   |   |   | EMAIL danielle.piernot@anadarko.com               |                                 |   |        |          |  |
| API NUMBER ASSIGNED APPROVAL 43047506520000  |   |   |   | Brosgill  |                                 |   |        |          |  |
|  |   |   |   | Permit Manager                                    |                                 |   |        |          |  |

